PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)_	Robert	J. Scy	lley	,	DEPARTMENT C
II. Name of lobbyist's pa	rtnership, firm or	corporation, if	any:		
Prop	ane Gas	assoc	of NZ		
(Name o	f partnership, firm or o	corporation)			· · · · · · · · · · · · · · · · · · ·
PU. Box 3898 Business Address: (Street)	<u>Co</u>	ncord 1 (Town/City)	y H	(State)	033 CQ. (Zip Code)
(603 <u>22 4-733 7</u> (Telephone)	(603	3) 225-93 (Fa)	36	e-mail YJS Cu	lleyanhmta.org
III. This statement cover reportable expense trans	s: (Choose one – fi actions which are i	le separate repo not attributable	rts for each to any one c	client, OR you m	ay file a separate report for
All reportable transacti					e following client:
Pro	Pane Gas	assoc	of N	E	
	ill Name of Client as i	it appears on the Lo	obbyist Registi	ation Form)	
OR ☐ All reportable transaction unrelated to any particular	ons by the lobbyist (client.	including the lob	obyist's famil	y), or the lobbying	g firm listed below which are
	pril 26, 2017 🔲	n to 3/31/17		26, 2017 🗍 m 4/1/17 to 6/30/17	
	ctober 25, 2017 ity from 7/1/17 to 9/36	9/1 <i>7</i>	Jan	uary 31, 2018 🗹 om 10/1/17 to 12/31/	
V. There have been no If this box is checked, comp. Concord, NH 03301.					
VI. Check if additional re	ports are attached:	:			
If you have received fe	es or mad e expendit	tures, you must fi	ile Addendu	m A – Fees and Ex	penses
☐ If you have paid an hor Expense Reimbursement					
☐ If you, your firm, or yo	ur family has made	political contribu	utions, you m	ust file Addendur	n C- Political Contributions
Sworn Statement/Affirma I have read RSA 15, RSA I and complete to the best of	5-B, RSA 14-C and	RSA 664 and he belief.	ereby swear o	r affirm that the fo	oregoing information is true
1 GH SUB		<u>.</u>		1-25-18	
(Signature of Jobbyist)	Scours	1		(Date)
(Print Name of lobbyist)		/			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) KODET J. Sculley	
II. Name of lobbyist's partnership, firm or corporation, if any: Propane Gas Assoc of NE	
(Name of partnership, firm or corporation)	
III. Name of Client Propane Gas Assoc of Ni	EDate
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	at relations, or public relations service ross fee amount reported shall not b
a) Total of all fees received in this reporting period	a)\$ 5,499.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) $$ 14,499.00$ year)
c) Total of all fees received to date (Add lines a and b)	0)\$01,958.00
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesseing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this reported any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paic expenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a fer than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, henefits	X

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

Robert J. Sculler

d) Total aumonous for this remorting nariad	d)\$
d) Total expenses for this reporting period (Add lines a, b and c)	1/s
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
1411 GUL	(-25-18
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	